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Registration Section

TO:

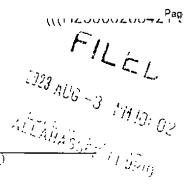
COVER LETTER

Division of Cor	porations											
SUBJECT:		CONSULTING LLC										
NOBJECT:		nited Liability Company	·									
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.										
Please return all correspo	ondence concerning this matter	to the following:										
	LOVETTE DOBSON											
		Name of Person										
		Firm/Company										
	17350 STATE HWY 249	STE 220										
	-	Address										
	HOUSTON, TX 77064											
		City/State and Zip Code	.									
	F-mail address: (to be used for future annual report n	otification)									
For further information c	oncerning this matter, please c	all:										
LOVETTE DOBSON		at () Area Code Daytime Telephone Number										
Name o	f Person	Area Code Dayt	me Telephone Number									
Enclosed is a check for the	he following amount:											
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)									
Mailing Addres Registration	Section	Street Address: Registration S										
Division of C P.O. Box 632	•	Division of Corporations The Centre of Tallahassee										
Tallahassee,			oe Street, Suite 810									

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRAZUCA CONSULTING LLC



(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) 02/28/2023 The Articles of Organization for this Limited Liability Company were filed on and assigned L23000105381 Florida document number _ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 2121 S Hiawassee Rd Enter new principal offices address, if applicable: Orlando, FL 32835 (Principal office address MUST BE A STREET ADDRESS) 2121 S Hiawassee Rd Enter new mailing address, if applicable: Orlando, FL 32835 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

23 69:15:36 CDT

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action					
AMBR	Vagner Almeida	2121 S Hiawassee Rd	□Add					
		Orlando, Ft. 32835	□Remove					
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